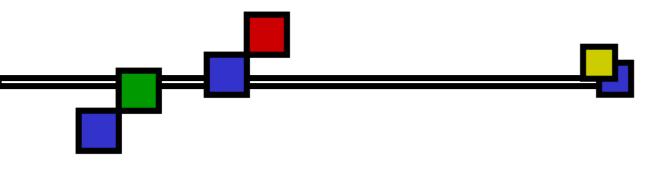
Pandemic Planning through Regional Public Health Preparedness

John Stephen, Commissioner New Hampshire Department of Health and Human Services

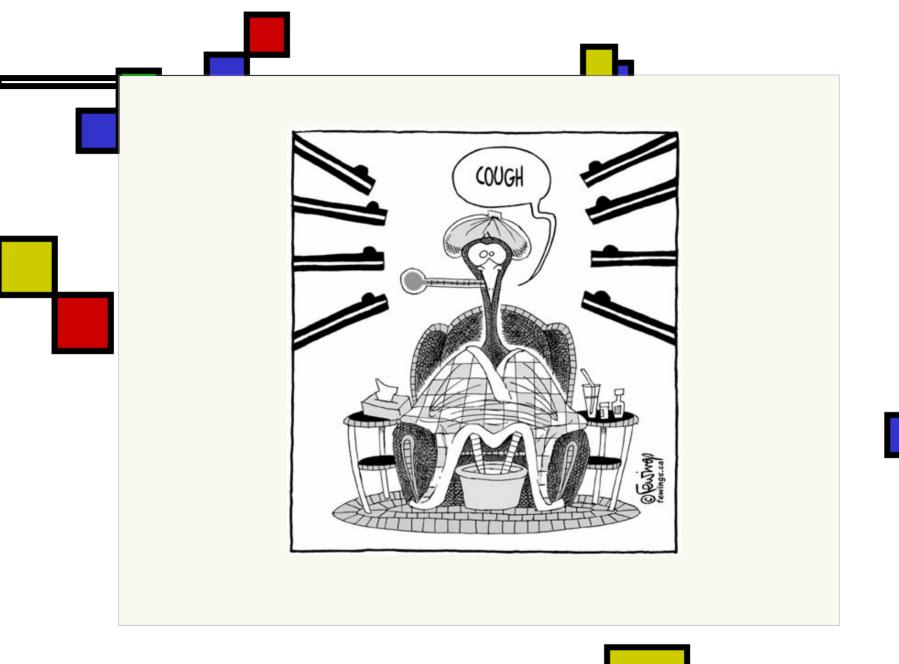
> Mary Ann Cooney, Director Division of Public Health Services May 10, 2006

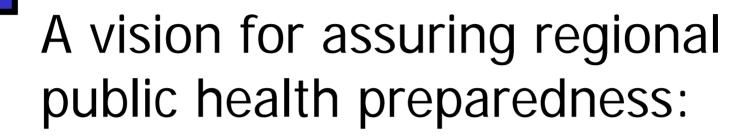


Agenda

- Overview of HHS Pandemic Planning Grant purpose
- Current landscape
- Components of a Public Health Response
- Methodology for initial regional/local funding and amounts available
- Proposed First Steps in Regional Planning
- Questions and Answers







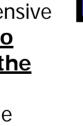
- Public Health what we do, collectively, to assure the health of the public
- Public Health is defined by its core functions of assessment, assurance, and policy development
- ď
- Public Health is delivered through a "system" and that system includes multiple partners
- All emergencies happen locally



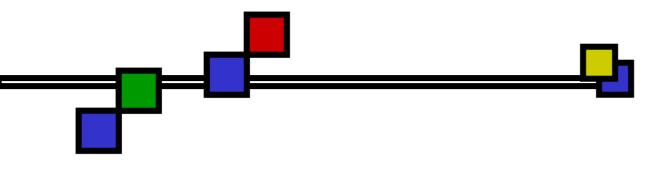
Title X: the Department of Health and **Human Services**

126-A:1 Declaration of Purpose. –

The purpose of this chapter is to provide an integrated, administrative structure for the design and delivery of a comprehensive and coordinated system of health and human services which is familycentered and community-based for the citizens of New Hampshire.



A:4. . . which department shall be organized to provide a comprehensive and coordinated system of health and human services as needed to promote and protect the health, safety, and well-being of the citizens of New Hampshire. Such services shall be directed at supporting families, strengthening communities, and developing the independence and self-sufficiency of New Hampshire citizens to the extent possible.

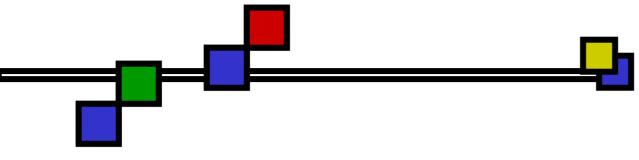


Current Statutory Authority:

A starting point is acknowledging that **125:9 Duties.** – The commissioner of the department of health and human services shall:

- I. Take cognizance of the interests of health and life among the people.
- II. Make investigations and inquiries concerning the causes of epidemics and other diseases, the sources of morbidity and mortality, and the effects of localities, employments, conditions, circumstances, and the environment on the public health.





Moving toward that system...

- The Turning Point initiative started in 1995
- Assessed the state's capacity to provide essential public health services to the citizens of New Hampshire
- Institutes of Medicine identified core services that assure the health of the public
 - The Ten Essential Services: includes investigation and surveillance of disease; monitoring trends in health; developing policies to assure health; promote health through education and health communications; evaluate the effectiveness of health programs and report that to policy leaders.

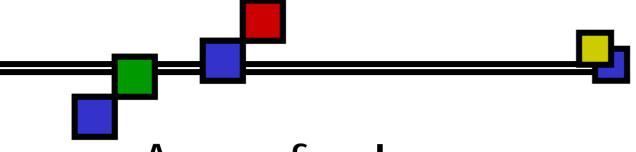


From Turning Point: the definition of a public health system

"public sector partners"— international, federal, tribal, or other state or local governments and their public health agencies that provide essential public health services and functions or work to improve public health outcomes with a state or local public health agency

"private sector partners"— non-governmental persons, including community organizations, contractors, educational institutions, health care facilities, health care providers, health insurers, private businesses, media, nonprofit organizations, and volunteers, that provide essential public health services and functions or work to improve public health outcomes in collaboration with a state or local public health agency





Areas for Improvement:

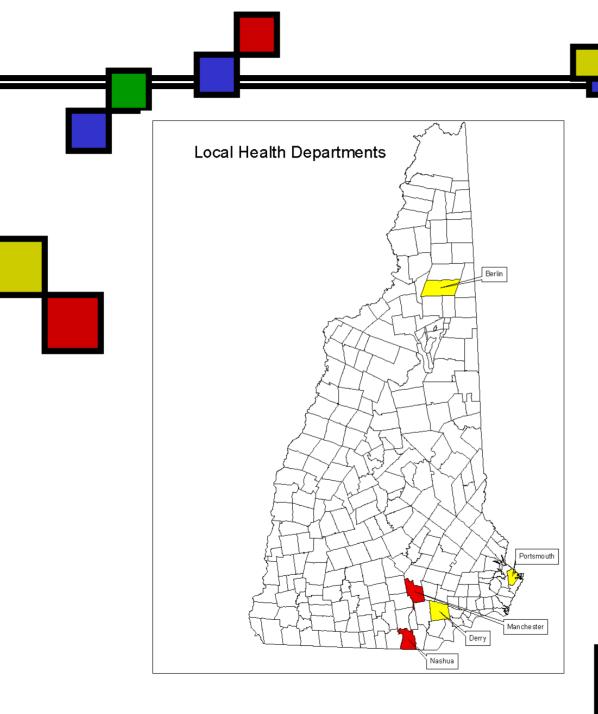
- The need for Governmental/ Municipal authority to act locally
- Where there are no Public Health Departments or Public Health Networks there are "white zones" lacking all hazards/ public health plans
- Challenges and barriers to all hazards
 Emergency Planning part time staff, small geographic areas with little or no comprehensive services



NH Public Health Networks Public Health Networks Not Assigned AHSC GNPHN Map provided by DHHS/DMBP/8SDM/jh. 2/2006 C:Oata Requests 2006 Wapping Requests \Regional Prevention Networks \Reg PrevNtwrk .mxd

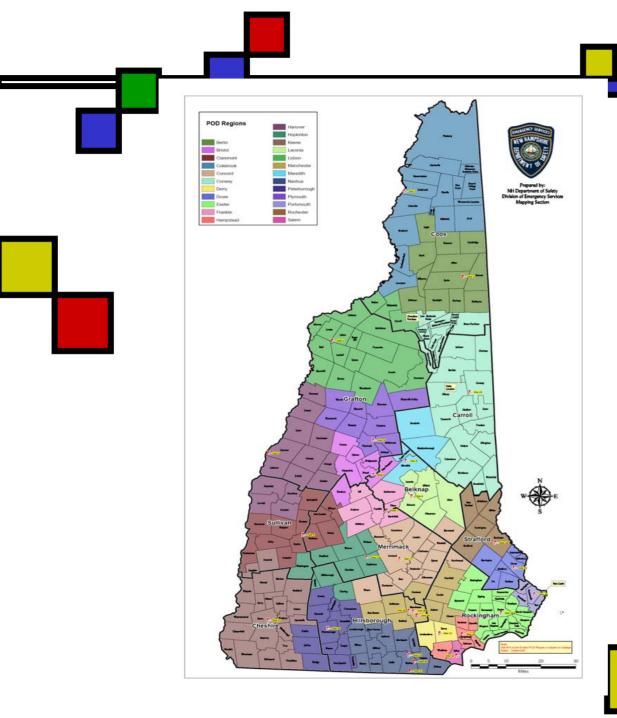
NH Public Health Networks





Local Public Health Departments

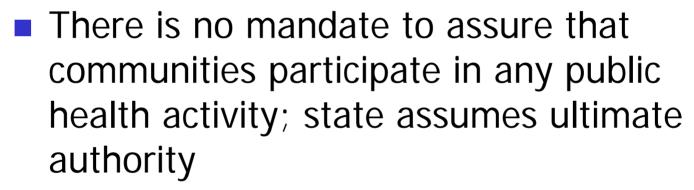




- All Hazard Regions
- Local partners in all regions were engaged during 2005/06 to expand their regional smallpox plans to an "allhazards" plan

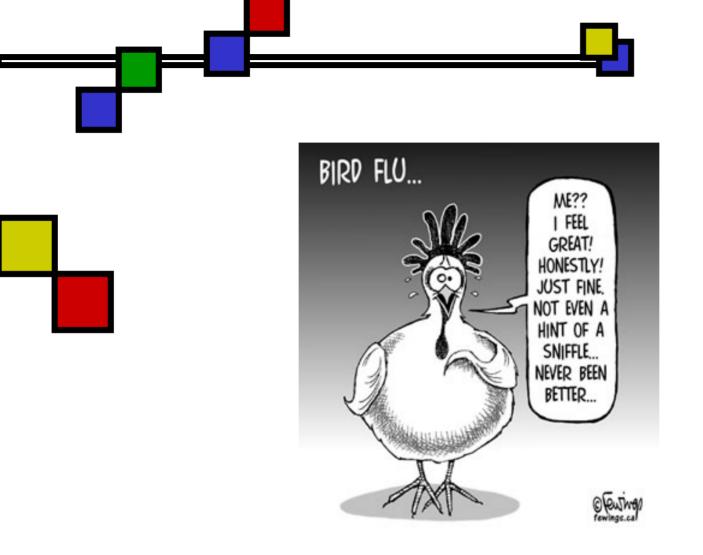




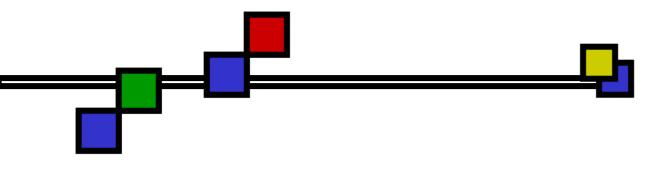




- A pandemic would be widespread
- "Assurance" for public health protection is both a state and local responsibility







Goal:

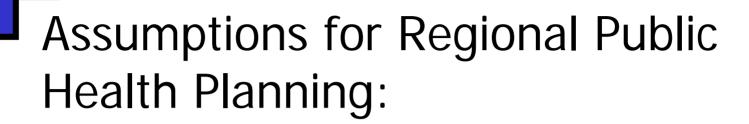
To assure that all cities and towns in NH are covered by a system that will assure comprehensive public health protection





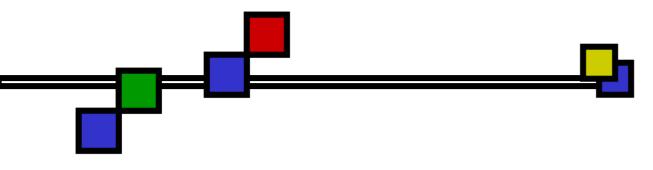
- Initial purpose: to assure that all Regions (inclusive of cities and towns) have an all hazards public health pandemic response strategic plan
- The strategic plan shall be approved by the PPCC





- \$774K be distributed to each of the designated All Hazards Sites or Regions (AHR) on a methodology, approved by the PPCC.
- Each AHR must submit to DHHS a proposal for the use of the designated amount consistent with DHHS guideline regarding specific uses (ex: supplies, consultant, conferences, workshops, ...)
- The funds shall be used for the development of an approved strategic pandemic plan that shall be submitted to DHHS within 180 days of the receipt of funding
- A certain amount of funds will be held in escrow pending final approval of the PPCC





First Steps

Develop 4-party Memorandum of Agreement (MOA) to be signed by local governmental authority, acting on behalf of the All Hazard Region; agency serving as regional fiscal agent; DHHS; DOS/BEM





- Each city or town within an AHR shall be actively involved in the planning efforts
- Each city or town shall have a designated government official that shall sign the MOU, agreeing to its terms
- At least one community-wide forum prior to the release of the plan in each of the AHR's cities and towns
- A tabletop exercise that shall be conducted within 6 months of receipt of the funds





- Plan for the assurance of services for all special populations within the specific AHR, (ex; homeless persons, nursing homes, behavioral health, seniors, child care...)
- Training for direct care workers, volunteers and other assistants of special populations that are identified
- Plan for continuity of governmental operations within each city and town
- Plan for education and training of the business community for each city and town
- Establish an inventory of volunteers in each city and town to assist efforts of first responders and other emergency care workers





- Establish an inventory of all available hospital and critical care capacity within the AHR in the case of surge. An inventory of locations where large scale quarantine can take place within each designated AHR
- Develop a mass vaccination plan for each town or city these should be consistent with the already developed or in process POD plan
- Demonstrate inclusion of all Hospital's and community health centers located within each AHR in all planning activities
- Demonstrate proficiency with incident command and NIMS through coordination with the state and local EOC

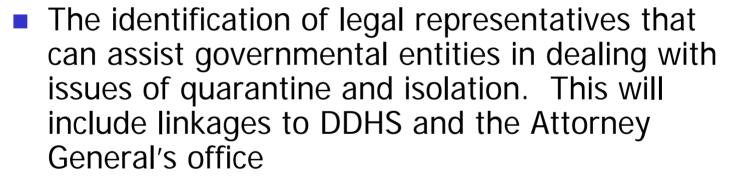




- Identification of specific transportation issues or needs that should be addressed by state or regional planning efforts
- Coordination with each Emergency Medical Service within the AHR, along with response plan
- Inventory of each educational institution within the AHR, to ensure that effective school-based all hazards planning is taking place within the AHR. The involvement of school nurses is critical to this effort

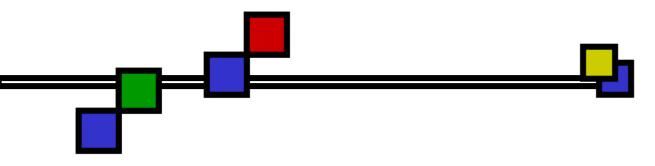








- Risk Communication plans that demonstrate coordination with DHHS, BEM and the Governor's Office
- Active involvement of faith based organization in the planning efforts



Essential Local Partners

- Elected and appointed municipal officials
- Emergency medical services
- Police
- Hospitals
- Community health centers
- Primary care providers
- Home care providers

- School officials
- Human/social service providers
- Public health network partners
- Behavioral health providers
- State agencies





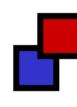
- Total of approximately \$ 773K
- Base Award Below Median (2,450 residents): \$1000
- Base Award Above Median: \$2,000
- 75% of the total funding will be provided to the region's fiscal agent. The remaining 25% will be provided once the AHS region has completed a regional plan and the PPCC has approved the plan



Budget Issues: the funds can be used to . . .

- hire consultants to assist with planning activities
- meeting expenses
- training
- office and planningrelated supplies
- travel, and other expenses directly related to achieving the goals of this funding







- Check it out! <u>www.dhhs.nh.gov</u>
- Governor and Council Approval by July 1
- Ongoing Technical Assistance provided by DHHS and DOS
- Pandemic Planning Coordinating Council advice and oversight

